

**CUSTOM
FIT**

**TRAINING
PARTNERSHIP
PROGRAM**

Anticipated Training Form

Instructions

The anticipated training form is for use on all trainings. Please use this form for **each** anticipated training using Custom Fit Funding. **Please fill out the section below as thoroughly as possible and return to your local Custom Fit Representative at least 3 days before the first day of your training in order to be approved and qualify. Also, attach course information or it can not be approved!**

| | | | | |
|---|-----------|-------------|------------------|----------------------|
| Your Company Name: | | | | |
| Title of Training: | | Instructor: | Location: | Quoted Cost: |
| | | | | \$ |
| Start Date | End Date | Start Time | End Time | Total Training Hours |
| / / | / / | | | |
| Which area of business do you hope the above training will improve? Circle ONE | | | | |
| <input type="checkbox"/> Growth <input type="checkbox"/> Productivity <input type="checkbox"/> Competitive Edge | | | | |
| Please list each person from your company who will be attending this training: | | | | |
| First Name | Last Name | | Last 4 of Social | |
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